

Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2007</h3>		Complete if Known	
		Application Number	10/692,014-Conf. #8518
		Filing Date	October 24, 2003
		First Named Inventor	Matthew Paul RHOTEN
		Examiner Name	L. Chai
		Art Unit	2131
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		Attorney Docket No	5486-0204PUS1
TOTAL AMOUNT OF PAYMENT		(\$)	120.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch,</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION																			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																			
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)												
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)													
Utility	300	150	500	250	200	100	_____												
Design	200	100	100	50	130	65	_____												
Plant	200	100	300	150	160	80	_____												
Reissue	300	150	500	250	600	300	_____												
Provisional	200	100	0	0	0	0	_____												
2. EXCESS CLAIM FEES																			
							Small Entity												
Fee Description							Fee (\$)												
Each claim over 20 (including Reissues)							50												
Each independent claim over 3 (including Reissues)							200												
Multiple dependent claims							360												
							180												
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <td>14</td> <td>-20 = _____</td> <td>x _____ = _____</td> <td>_____</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		14	-20 = _____	x _____ = _____	_____	Fee (\$)	Fee Paid (\$)	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims															
14	-20 = _____	x _____ = _____	_____	Fee (\$)	Fee Paid (\$)														
HP = highest number of total claims paid for, if greater than 20																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>2</td> <td>-3 = _____</td> <td>x _____ = _____</td> <td>_____</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	2	-3 = _____	x _____ = _____	_____					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																
2	-3 = _____	x _____ = _____	_____																
HP = highest number of independent claims paid for, if greater than 3																			
3. APPLICATION SIZE FEE																			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																			
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)														
_____		- 100 = _____	/50 = _____ (round up to a whole number) x _____	= _____	_____														
4. OTHER FEE(S)							Fees Paid (\$)												
Non-English Specification, \$130 fee (no small entity discount)																			
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00												

SUBMITTED BY			
Signature		Registration No (Attorney/Agent)	29,680
Name (Print/Type)	Michael K. Mutter	Telephone	(703) 205-8000
		Date	August 27, 2007